

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034123

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72Primary Registration District No. 4134Registrar's No. 156

FILED SEP 17 1962

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

Smithville

Length of stay in 1b

4 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONSmithville
Community Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Clay

c. CITY
OR
TOWN

Smithville

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

None

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Ward

Middle

Bedwell

Last

Pennington

4. DATE
OF
DEATH

Month

Day

Year

Sept. 9 1962

5. SEX

Ma

6. COLOR OR RACE

Wh

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-1-97

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Electrician

10b. KIND OF BUSINESS OR INDUSTRY

Bldg Const.

11. BIRTHPLACE (City and state or country)

Platte Co., Missouri USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Martin Pennington

13b. MOTHER'S MAIDEN NAME

Ella Mae Davis

14. NAME OF HUSBAND OR WIFE

Lillian Pennington

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lillian Pennington Smithville, Mo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

4 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9/5/62

to 9/9/62

and last saw him alive on 9/9/62

Death occurred at 10:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert L. Lewis Jr MD

22b. ADDRESS

Smithville, Missouri

22c. DATE SIGNED

9/12/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9-11-62

23c. NAME OF CEMETERY OR CREMATORY

I.O.O.F. Cemetery

23d. LOCATION (City, town, or county)

Smithville, Missouri

24. FUNERAL DIRECTOR

ADDRESS

McComas Funeral Home Smithville, Mo.

25. DATE RECD. BY LOCAL REG.

9-10-62

26. REGISTRAR'S SIGNATURE

Marguerite Judkins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald W. Hanks

Licensed Embalmer No. 45-28

P. O. Address Smithville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.